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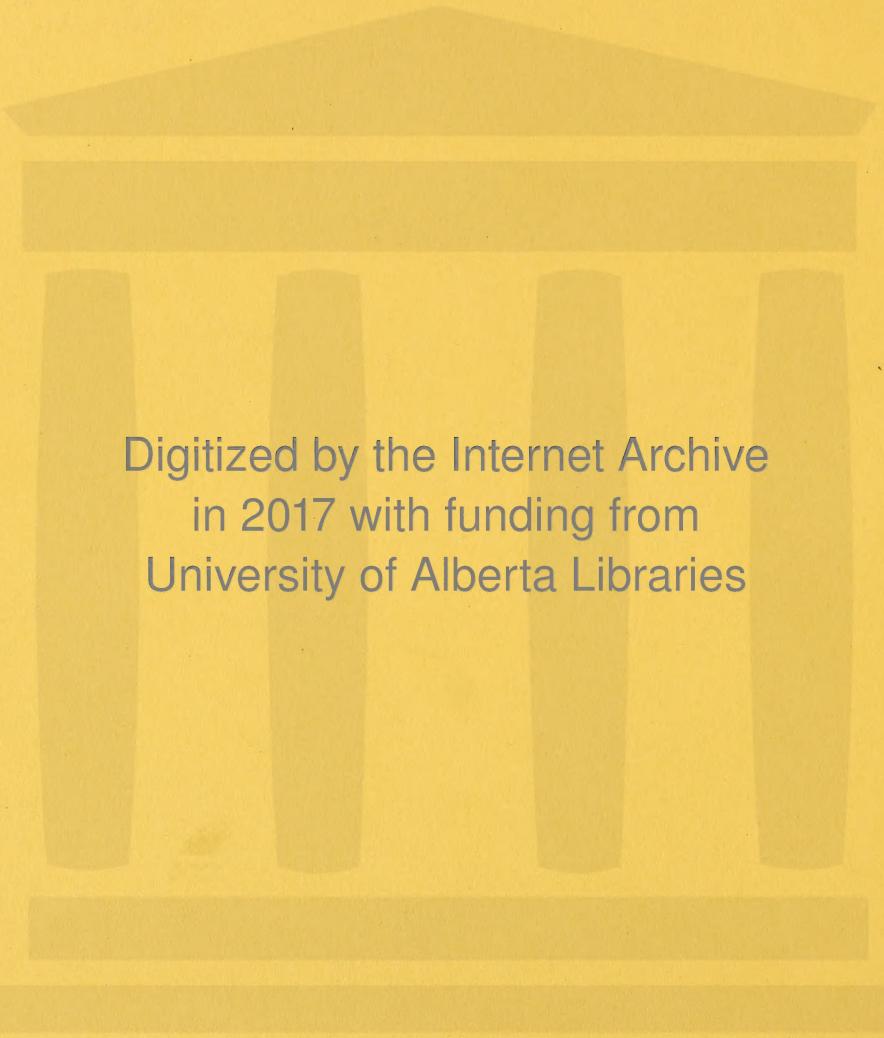
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# THE INTEGRATION OF BEHAVIORALLY DISORDERED STUDENTS

A study guide to the tenth program in the ACCESS television inservice series  
*ONE GIANT STEP: The Integration of Children With Special Needs*



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# **THE INTEGRATION OF BEHAVIORALLY DISORDERED STUDENTS**

A study guide to the tenth program in the ACCESS television inservice series  
*ONE GIANT STEP: The Integration of Children With Special Needs*



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*ONE GIANT STEP: The Integration of Children With Special Needs* is a ten-program, inservice series of videotapes. Each videotape has a running time of 15:00 minutes and is supplemented by a study guide. The program order numbers and titles are:

BPN 2154 01 Introduction  
02 The Integration of Dependent Handicapped Students  
03 The Integration of Trainable Mentally Handicapped Students  
04 The Integration of Educable Mentally Handicapped Students  
05 The Integration of Learning Disabled Students  
06 The Integration of Visually Impaired Students  
07 The Integration of Hearing Impaired Students  
08 The Integration of Physically Handicapped Students  
09 The Integration of Gifted Students  
10 The Integration of Behaviorally Disordered Students

(If you send a blank tape to the ACCESS NETWORK Media Resource Centre, there is no charge. If you prefer to buy tape from ACCESS, please send a purchase order to the Centre.)

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## **PROGRAM SUMMARY**

The program documents the integration of two autistic students into regular classroom settings. Teacher voiceovers outline the progress made by Stephen and Niels, as well as providing a front-line viewpoint of the value of integration, and of the behavior management and teaching techniques that are essential to success. Also given emphasis are the vital roles played by members of the support staff, particularly instructional and teacher aides.

## **PROGRAM GOALS AND OBJECTIVES**

This inservice program is designed to help teachers, parents, school administrators, and others involved to gain background information on behaviorally disordered (BD) students. It can be used as a base for effective integration of these students into the regular classroom environment.

### **As a result of inservice, participants will be able to:**

- 1.** define/describe "behavior disorders", and identify the characteristics of BD students in terms of:
  - a.** developmental characteristics
  - b.** socio-emotional characteristics
  - c.** learning characteristics.
- 2.** illustrate the relevance of the Cascade Service Delivery Model in integrating BD students.
- 3.** describe at least four teaching techniques that could be used in teaching BD students in an integrated setting.
- 4.** list and describe, in general terms, resources, support services, and programs necessary to facilitate the education and integration of BD students.

## **BACKGROUND INFORMATION FOR THE TEACHER OR WORKSHOP LEADER**

In the 1960s, students with behavioral disorders gained the right to education. Before this time, there was no major support for them in the public schools. These students had been educationally ignored in the regular classroom if their behavior was compliant, misplaced in classes for the mentally handicapped, or excluded from school altogether because of the school's inability to cope with, or respond to, their needs.

The student with behavior problems does not have a disability that teachers, parents, and peers can see and recognize as limiting the ability to function normally. There is no test that renders an "emotional disturbance quotient," which would produce classification, and cause this disability to be viewed as a handicap. This student's intelligence is almost always normal—any limited academic success can be directly related to a behavior disorder or disorders.

The student with behavior problems is recognized as being "different." Teachers often use this to rationalize their lack of response to his or her educational needs. Teachers feel they cannot teach this type of student; since there seems to be no other handicap, the student must be disturbed.

There are three categories of behavioral disorders which will impede this student's educational growth. The first, aggression, is often the one teachers are most concerned with, though it is not necessarily the most debilitating. Aggression is characterized by pushing, poking, shoving, hitting, kicking, and using profanity.

The second type, hyperactivity, is characterized by restlessness. The student cannot stay still, is constantly moving about, touching other children, speaking out, and acting impulsively.

The third type is withdrawal. It is characterized by such signs as self-stimulation, head banging, and destructiveness, in combination with a very low rate of social interaction and an obliviousness to the environment. At its most severe, withdrawal is called "autism."

The functional difference between a BD student and peers is not necessarily found in the behavior displayed. Realistically, much of the above behavior will occur in all students from time to time. It is therefore the frequency, the rate of occurrence, that is the most significant factor in determining whether or not a student has a behavioral handicap.

With proper teaching techniques, behavior-modification programs, and support services, more and more students diagnosed as behaviorally disordered are being moved from segregated environments and profiting from the instructional programs, social and environmental atmospheres that the regular classroom provides.

## **CHARACTERISTICS OF THE BEHAVIORALLY DISORDERED STUDENT**

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### **1. Developmental characteristics**

The behaviorally disordered student will develop physically at the same rate, and in the same way, as peers. Thus, behavior disorders join learning disabilities in being a "hidden handicap."

Frequently, though not always, aggressiveness can be the result of early environmental influences. It can result from parenting that is highly permissive, or that relies on severe punishment. It can develop in children who are deprived of affection, or subjected to standards that far exceed their capabilities.

With the exception of extremely severe cases (e.g., autism, childhood schizophrenia), many behavioral disorders may not be detected or treated until the child reaches preschool or school age. Parents, even doctors, will brush off inappropriate behavior as being a "stage," or a part of the developmental process. ("John is doing the terrible-twenties", and innumerable other rationalizations—"he's a boy's boy", "nobody can push her around", "she knows her own mind", "he's just a ball of energy, etc.").

And so it is often at school that it becomes clear for the first time that behavior not only will interfere with the learning process, but may have been doing so for some time.

### **2. Socio-emotional characteristics**

**a.** Aggressive students may display some, or all, of the following:

- stubbornness
- teasing
- tattling
- hitting
- kicking
- pushing
- prodding
- shoving
- screaming
- swearing
- throwing objects
- self-abuse.

**b.** Hyperactive students may display some, or all, of the following:

- moving constantly
- refusal to stay seated
- touching other students
- speaking out
- acting impulsively
- not settling down to desk work
- procrastination.

**c.** Withdrawn/autistic students may display some, or all, of the following:

- whirling for long periods of time
- forgetting quickly
- not attending to social/environmental stimuli; appearing oblivious to these
- not following simple commands
- not using toys appropriately
- absence of social smile
- repeating sounds, words, questions, or phrases over and over
- looking "through" people; not registering new faces
- frequently appearing to be frightened or anxious
- banging the head
- moving the mouth without making sounds
- staring into space for long periods of time
- rocking
- becoming engrossed in movement; wiggling fingers in front of eyes, spinning toy car tires, tops, etc.
- squinting, frowning, covering the eyes
- becoming involved in complicated rituals
- being extremely destructive
- feeling, tasting, smelling inappropriate objects.

### **3. Learning characteristics**

The student who displays behavioral disorders will experience extreme difficulty with learning. Concentration, following instructions, completing

assignments, working with others, and conforming to the rules of the classroom will all be Herculean accomplishments.

However, with modification of programs, an evaluation of the student's capabilities and/or support services, he or she is capable of learning, and capable of accomplishment within the framework of the regular class.

## **THE CASCADE SERVICE DELIVERY MODEL**

For some BD students, the educational environment will be—and should be—provided within the context of the regular classroom, with appropriate support personnel. For more severe cases, the educational placement will be in a special class or school with specifically trained staff providing intensified programs. Even then, however, the emphasis is on moving these students to more normal school placement just as soon as is possible and feasible.

## **TEACHING TECHNIQUES**

Before discussing specific techniques for dealing with behavioral disorders, the following general information should be considered.

Younger students need carefully chosen and appropriately enforced limits to provide them with the security they need. Older students must be dealt with systematically.

When behavior disorders occur in the classroom, the teacher is faced with two basic problems. First, he or she must deal effectively with the problems of individual students; second, learn to discern which problems are primarily a product of the group dynamics within the classroom.

The following methods of control should be approached with caution. The manner in which a method is used, and the manner in which it is received, will vary with the skill and sensitivity of the person using it.

### **1. Punishment**

Punishment is only effective when it is used as a planned strategy to influence a desirable change in the BD student's behavior. Punishment should not be used in the heat of anger, or with a student whose control over impulses and feelings

is inadequate. Punishment, used with students with little tolerance, will produce disorganization because it breaks down their control further and increases existing resentment.

Researchers have suggested that punishment can only be a constructive influence when three conditions exist. The behavior for which the student is being punished involves initial conflict. Thus, first, the student recognizes that the behavior was not appropriate and realizes that he or she should have displayed self-control. Second, the relationship between the student and the teacher must be positive, the teacher being someone whom the student relies upon for support and affection. Third, the punishment is understood as a natural and consistent consequence for inappropriate behavior.

Punishment will not automatically stop undesirable behavior. If punishment fails to yield the desired results after a reasonable period of time, it should be discontinued. Alternative methods of deterring the behavior should be sought.

### **2. Signal interference**

Signal interference is a method of communicating to the student that his/her behavior is not acceptable. The signal may be a gesture (waving a finger, shaking the head), or a verbal command that is understood by the student.

If beginning misbehavior or increasing disorganization is detected soon enough, a signal may block or prevent unwanted behavior. The signal should indicate to the student that he or she must stop, or at least, control the behavior.

This method is effective only in the initial stages of misbehavior. If the misbehavior has progressed too far, signal interference will not be effective. Signalling, like punishment, only works when a positive relationship is already in place. It works best when the teacher anticipates which situations, activities, and circumstances are most frustrating to the student, then redirects the student before he or she becomes engaged in inappropriate behavior.

### **3. Physical proximity**

Physical proximity can help the BD student maintain control over misconduct. It helps overcome temptations and gives the student added personal strength. A friendly touch, or a pat from the teacher, can help to maintain balance in difficult situations.

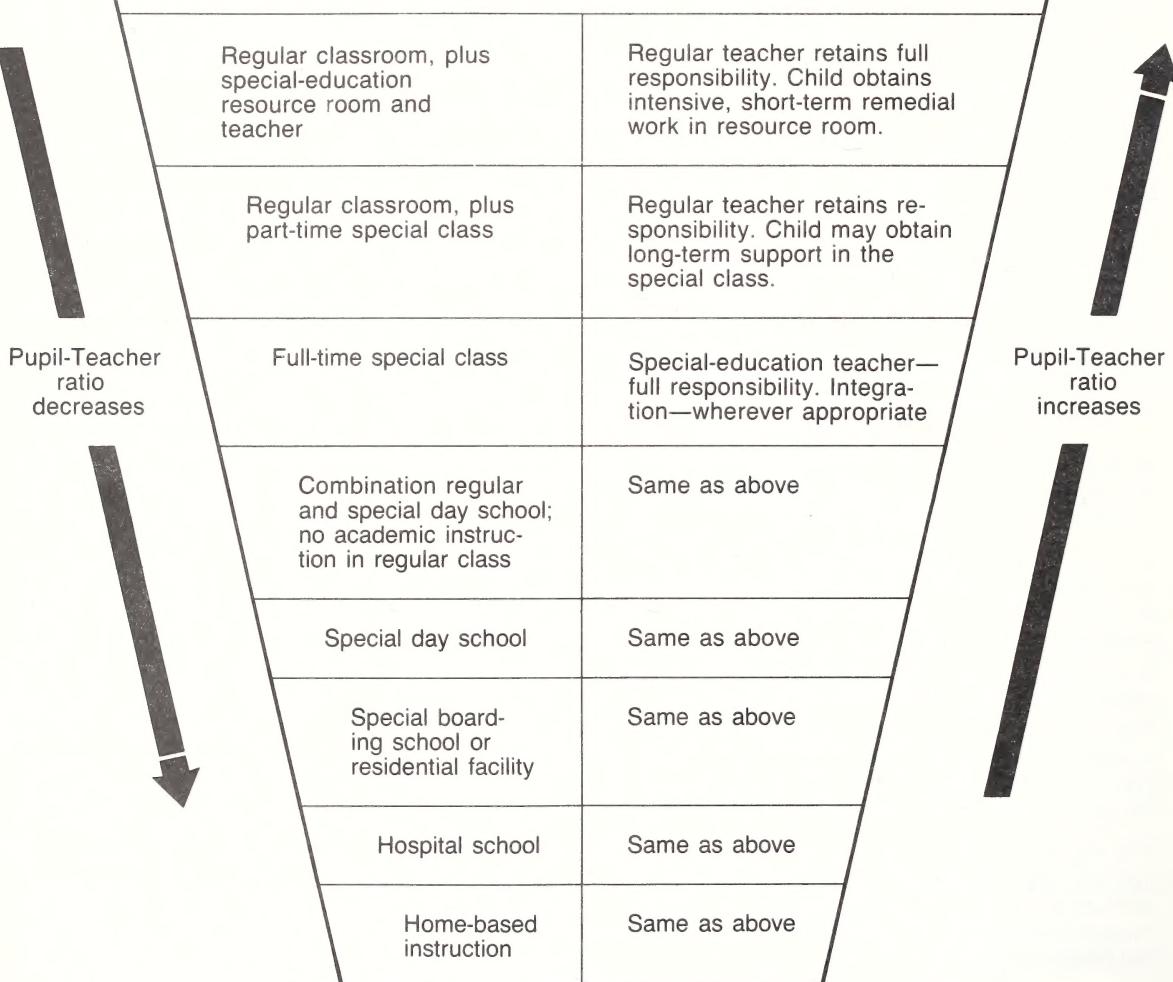
This technique should not be used if the student is uncomfortable with physical contact, or shows open resentment when touched.

## CASCADE SERVICE DELIVERY MODEL\*

Regular classrooms with special-education instructional materials and/or aide. (Regular teacher retains full responsibility for each student's individual program and progress.)

Regular classrooms with special-education instructional materials, plus special-education consultative services to regular teacher.

Regular classroom with itinerant or school-based special education tutors. (Regular teacher retains full responsibility for each student's program and progress. Can obtain advice, etc.: from itinerant teacher.)



\* Adapted from the Reynolds framework (1962)<sup>1</sup>, the Dunn model (1963)<sup>2</sup>, and the Deno cascade model of special education services<sup>3</sup>

<sup>1</sup>Reynolds, Maynard C. "A Framework for Considering Some Issues in Special Education" in **Exceptional Children**, Vol. 28, No. 7, March 1962, p. 368.

<sup>2</sup>Dunn, Lloyd M., ed. **Exceptional Children in the Schools: Special Education in Transition**. New York: Holt, Rinehart, Winston, 1963, p. 37.

<sup>3</sup>Deno, Evelyn. "Special Education as Developmental Capital" in **Exceptional Children**, Vol. 37, No. 3, November, 1970, p. 235.

#### **4. Hurdle help**

As the name implies, hurdle help is the provision of extra support and help in those situations the teacher has anticipated as being frustrating for the BD student. It may be a brief phrase, a small motivator, or a little break, to encourage the student over the hurdle of a difficult math question, or an emotionally- or frustration-charged situation.

#### **5. Antiseptic bouncing**

The student is removed from the immediate environment that is either causing or encouraging uncontrollable behavior and/or a severe temper tantrum.

The teacher should explain to the student—and to the class—that the student is being removed to regain control and to recover from the behavior displayed.

#### **6. Restructuring**

Restructuring is used when a student (or a group of students) has become over-excited by a situation or an activity. By changing the activity or focus, the teacher is able to regain control, and the student is able to rechannel his or her energies into something more constructive. The restructured activity can take the form of running an errand, or involving the student in a learning centre.

#### **7. Behavior modification**

Behavior modification offers a systematic approach to changing or modifying deviant, unacceptable behavior. The basic premise is that behavior is learned, and therefore can be “unlearned” or replaced with more desirable behavior.

A behavior-modification program, in very general terms, operates as follows:

- a.** Describe the behavior in observable terms (e.g., John frequently hits other students, leading to disruption of the entire class).
- b.** Define a target behavior (e.g., Jane must learn to control her temper and not hit other students).
- c.** Graph the behavior over a set period of time (e.g., in one ten-minute period, Don hit other students six times). An accurate graph will depend on frequent recording, perhaps every ten minutes over a period of one to two weeks.
- d.** Plan a course of reinforcement and action (e.g., “Donna, you will receive a balloon for

each hour in which you refrain from hitting classmates”). The reinforcement must be consistent and it must be something that the student desires. Continue to graph the student’s progress.

- e.** Choose a method of handling the behavior when it occurs (e.g., remind the student that he/she will not get the balloon; this presents another deterrent to the behavior).
- f.** Evaluate the program based on the data collected from graphing observable behaviors.

No behavior-modification program should be implemented without a thorough knowledge of the principles and techniques involved. See the “References For Workshop Leaders and Teacher” section at the back of this book for additional resources in this area.

#### **8. Over-correction**

This method is thought by some to be one of the most effective means of dealing with the self-stimulation activities of autistic students. For instance in one situation, mouthing was the behavior to be reduced. Each time it occurred, the student was told firmly “No,” and his/her teeth brushed, and gums and lips wiped with an antiseptic solution. As a result of this immediate reaction to unwanted behavior, the behavior was permanently eliminated.

Over-correction has been successful in dealing with most kinds of self-stimulatory behavior.

# SERVICES FOR THE BEHAVIORALLY DISORDERED

## INSTITUTION OR AGENCY

Alberta Children's Hospital  
1820 Richmond Road S.W.  
Calgary, Alberta T2T 5C7  
Telephone (403) 245-7211

Alberta Social Services and Community Health  
Regional Offices located throughout the province  
—check local listings.

City of Calgary Children's Service Centre  
1001 - 1005 17 Street N.W.  
Calgary, Alberta T2N 2E5  
Telephone: (403) 284-1101

Co-ordinated Assessment and Program Planning  
for Education (CAPE)  
Edmonton Public School Board  
c/o Belvedere Elementary School  
13359 - 62 Street  
Edmonton, Alberta T5A 0V5  
Telephone: (403) 473-5616

Co-ordinated Rehabilitation and  
Education Program (CORE)  
Calgary Public School Board  
c/o Emily Follensbee School  
5139 - 14 Street S.W.  
Calgary, Alberta T2W 3W5  
Telephone: (403) 243-6128

Glenrose Hospital  
10230 - 111 Avenue  
Edmonton, Alberta T5G 0B7  
Telephone: (403) 471-2262

## Alberta Education Regional Offices

Calgary Regional Office  
#1200, 615 Macleod Trail S.E.  
Calgary, Alberta T2G 4T8  
Telephone: (403) 261-6353

Edmonton Regional Office  
3rd Floor, 10053 - 111 Street  
Edmonton, Alberta T5K 1K4  
Telephone: (403) 427-2952

Grande Prairie Regional Office  
10014 - 99 Street  
Grande Prairie, Alberta T8V 3N4  
Telephone: (403) 539-2130

## SERVICES PROVIDED

Developmental Clinic provides assessment  
services, counselling, and educational  
programming

Child Welfare Branch provides services in the  
following areas: adoption, foster care, child  
protection services, parent counsellors,  
handicapped children's services, repatriation  
(services for lost and runaway children), wards of  
government, family maintenance, and court  
services

Provides short-term residential care for children  
assessed as being delinquent, neglected, or  
beyond parental control. Does behavioral  
assessments and oversees the Compulsory Care  
Program, the Observation and Detention  
Program, and the Juvenile Probation Program.

Provides assessment services and designs  
individual program plans for behaviorally  
disordered students.

Provides assessment services and educational  
programming for autistic and behaviorally  
disordered students.

The Child and Family Psychiatric Unit provides a  
total program of intensive family work (initially  
in-patient only).

All Alberta Education offices provide program  
information and consultative assistance.

**INSTITUTION OR AGENCY****SERVICES PROVIDED**

Lethbridge Regional Office  
200 - 5 Avenue South  
Lethbridge, Alberta T1J 4C7  
Telephone: (403) 329-5243

Red Deer Regional Office  
3rd Floor West, Provincial Building  
4920 - 51 Street  
Red Deer, Alberta T4N 5Y5  
Telephone: (403) 343-5262

**Societies and Associations**

The Council for Exceptional Children  
c/o Room 434, Education Tower  
University of Calgary  
2500 University Drive N.W.  
Calgary, Alberta T2N 1N4  
Telephone: (403) 284-5657

Society for Treatment of Autism  
Box 8098, Station F  
Calgary, Alberta T2J 2V2  
Telephone: (403) 253-2291

Provides information service: journals, newsletter, computer-retrieval system, and citizen advocacy

Administers Margaret House day school and residential treatment centre and does assessment, family counselling, workshops, and recreational therapy.

## PREVIEWING QUESTIONS

These questions are designed to allow participants to explore their feelings toward the BD student. For maximum benefit, it is suggested that participants discuss one or more of the questions in a small group setting, and then share their ideas with the larger group.

1. Would you be willing to cope with a neighbour's BD child for two weeks? What concerns would you have for your own children? How would you prepare yourself for the various problems that might arise?
2. Do you feel a person with behavioral disorders can ever really be successful in life? Why or why not?
3. Do you form a mental picture as soon as you hear the phrase "behaviorally disordered"? What is it? Do you make associations with any of the following terms: autistic, schizophrenic, paranoid, neurotic?
4. Try to think of a recent situation that frustrated you to the point where your reaction lacked control. What was the situation? How did you react to it? With rage? anger? indifference? withdrawal?

## PREVIEWING ACTIVITIES

The following activities are taken from the *P.A.T.H. (Positive Attitudes Toward the Handicapped)* kit, and are used courtesy of the Regional Resource Service of Alberta Education, Calgary.

### **1. Dr. Jekyll and Mr. Hyde—Our Many Selves**

Every one of us has many moods, levels of excitement, and ways of behavior, depending upon the situation, context, and company. For example, we behave differently when out for a business lunch than when eating lunch with friends on a camping trip. Recognizing the complex and changing nature of so-called "normal" personalities should help us realize how hard it is to understand and help behaviorally disordered students.

**Materials:** Paper and pencils.

**Activity:** Ask participants to list four situations in which they feel and act differently. Then have them write a description of the behavior they exhibit in each of these situations.

### **Invite participants to discuss the following:**

Was it easy to think of situations in which you feel and behave differently?

Do you think we have one "self" or personality that we exhibit in various situations?

### **2. Where Am I?**

Some mental illnesses are characterized by a loss of contact with reality. Frequently, people suffering from these severe disorders experience confusion as to their whereabouts or identity. They may not know whether they are at home, at a friend's house, at work.

We can all get confused about where we are at times. Everyone on vacation has wakened in the middle of the night and thought, briefly, that they were in their own bed at home. Imagine what it would feel like to experience that sensation a good part of the time.

**Materials:** Blindfolds.

**Activity:** Organize the participants into groups of five, six, or seven persons. Ask one participant in each group to put on the blindfold and lie on the floor. Have the others distribute themselves evenly around this person so that he or she can be lifted, then carried around the room in a zig-zag, round-about manner. After a couple of minutes, the blindfolded person is laid down. Before removing the blindfold, he or she has to say where they are in the room.

### **Invite participants to discuss the following:**

Was the person able to pinpoint his/her location in the room? How did he/she feel about being uncertain of their location?

How would it be to feel like this most of the time? All of the time?

### **3. A Sticky Situation**

A compulsion is an irresistible need to say or do something over and over again. To some extent, most of us have impulses. How many times have you gone back to check and make sure an already locked door is truly locked? Compulsions differ from an impulse in that the need to engage in the act is so strong that it interferes with a person's life.

**Materials:** White glue.

**Activity:** Ask each participant to dip a finger in the glue and let it dry.

### **Invite participants to discuss the following:**

Did you find yourself distracted by, or at least conscious of, the glue on your finger?

Were you tempted to pick it off?

How do you think it would feel to have a compulsive desire to engage in ritualistic activities all the time?

## POST-VIEWING QUESTIONS

1. What does Stephen have in common with his classmates?
2. How does Niels benefit from being with non-handicapped peers? Do you see any benefits for his classmates?
3. What would the major obstacles be if you were to take a BD student into your class? Name some possible ways of overcoming these obstacles.
4. Name four teaching techniques commonly used with BD students. Discuss which you felt were most useful and why.
5. Discuss the relevance of the Cascade Service Delivery Model in the integration of BD students.

## POST-VIEWING ACTIVITIES

These activities are intended to give participants suggestions on how to experience success when working with BD students. It is recommended that they be carried out in small groups, which report back to the larger group.

### 1. What Bugs You?

By identifying annoying behavior, we find it becomes easier to begin to develop strategies to deal with it. Everybody, at one time or another, displays behavior that annoys others, thus developing appropriate behavior in an ongoing process.

**Materials:** Paper and pencils.

**Activity:** Instruct the participants, working in groups, to compile a list of behavior that they find annoying in people they come in contact with, in family members, and in co-workers.

**Invite participants to discuss the following:**

What might be the reason for the behavior in question?

What would be your typical reaction to such behavior?

Can you identify reaction patterns that might help to alleviate the behavior?

Can you identify reaction patterns that might cause the behavior to intensify?

Is it difficult for you to be friendly with a person who displays behavior you don't approve of?

### 2. Evading The Unpleasant

Everyone has been guilty of getting out of doing tasks that they either aren't willing to do or aren't capable of doing. Behaviorally disordered students are frequently masters at creating diversions that remove the focus from the original task—"of getting out of reading without saying they can't read."

**Materials:** A role-playing card for each group.

**Activity:** Pass out cards with the following messages on them (one message per card):

"Avoid the task of putting together a new and very complicated office machine in your specialty area. Do this without losing face—and without admitting you don't know how to do it."

"Excuse yourself from chaperoning your son's Boy Scout trip, even though you have already promised to do this."

"Get out of painting the living room—again."

"Withdraw your offer to give a speech to a local service group on a subject that you claimed to be well-versed in, and really aren't."

Get out of preparing a report that would mean long hours of tedious research and relatively little reward."

Ask each group to work on a script based on the information on their cards. When they are finished, have them select individuals to role-play their situations to the entire group.

Invite participants to discuss the following:

How often do we use deception to avoid the unpleasant and to avoid admitting to our own shortcomings?

What are the alternatives to using deception?

What can be done to help students break a pattern of deception and come to terms with doing unpleasant tasks, or tasks in which their success is not guaranteed?

### 3. Self-concept

A positive self-concept is vital if children are going to grow into healthy, independent adults. BD students have often had repeated failure experiences, which lead to the anticipation of failure. This simulation is intended to give participants a starting point on which to build further self-concept-related success experiences.

**Materials:** Glue, scissors, magazines, construction paper, felt pens.

**Activity:** Distribute the materials and ask participants to make a collage that depicts a very special experience or occasion in their lives. Allow them twenty minutes to complete their project. Then ask each participant to share his/her collage with the group.

#### Invite participants to discuss the following:

What feelings did you experience while working on your collage? About presenting it to the group?

How did you feel about the people who presented their collages?

Did you learn something from them that they might not have otherwise revealed?

How could this activity be used to include other skill areas, or to encourage students to co-operate with others?

### 4. Clear Instructions

It is necessary to provide BD students with good instructions. The following exercise is conducted in journalism classes to help writers develop clarity and simplicity in their writing, but it can also be a useful index to judge how well you give instructions.

**Materials:** Paper and pencils.

**Activity:** Give each person a pencil and paper and ask them to write a paragraph describing how to change a lightbulb.

#### Invite participants to discuss the following:

Compare paragraphs. Is the description clear? Are there steps missing? Is there a practical, step-by-step order? Is there any superfluous detail? Has all the equipment and materials needed been included?

Would someone with no prior knowledge of this task be able to complete it using these instructions?

Why do you suppose it is so difficult to give directions for such a simple task?

### 5. Task Analysis

Directions are often easier to give, and to accept, if the task is broken down into smaller components.

**Materials:** Paper and pencils; Task Analysis form.

**Activity:** Give each group a task to analyse. Then, have them share their responses and ideas with the larger group.

Select the tasks for each group from the following suggestions:

Running an errand to the store to make a small purchase.

Making a peanut-butter sandwich.

Learning to write the letters of the alphabet.

Simple column addition, e.g., 
$$\begin{array}{r} 10 \\ + 8 \\ \hline \end{array}$$

Hanging a Christmas decoration above the door.

Making instant coffee.

Building a birdhouse.

Doing a book report.

Hitting a baseball with a bat.

#### Invite participants to discuss the following:

How did you feel about this activity?

Could students use this skill in analysing everyday life tasks or experiences? If so, how?

## TASK ANALYSIS

| Key steps (in order that they would naturally appear) | Materials/equipment | (Optional) Visual presentation (to assist Key steps) e.g., pictures of progression |
|---|---------------------|--|
| 1.  |                     |  |
| 2.  |                     |  |
| 3.  |                     |  |
| 4.  |                     |  |
| 5.  |                     |  |
| 6.  |                     |  |
| 7.  |                     |  |
| 8.  |                     |  |
| 9.  |                     |  |
| 10.   |                     |  |
| 11.   |                     |  |
| 12.   |                     |  |

## GLOSSARY

**autism.** A severe mental illness that begins at an age of a few months and is characterized by little or no speech development, repetitive behavior, arrested development, and a self-absorbed manner.

**childhood schizophrenia.** A severe mental illness that begins at age 3 or 4 and is characterized by regression to earlier behavior. For example, the child may lose speech, become overactive, have emotional impairments, and suffer from delusions or hallucinations.

**depression.** An emotional state that is characterized by melancholy, self-blame, a desire to avoid others, loss of sleep and appetite, and a lowering of activity levels.

**hallucination.** A false perception characterized by a compelling sense of the reality of the objects or events perceived.

**hyperactivity.** A long-term childhood pattern of behavior characterized by excessive inattention, restlessness, distractibility, and lack of co-ordination.

**neurosis.** Any of various disorders of the mind or the emotions involving anxiety, phobia, or other abnormal behavior symptoms.

**obsession.** Compulsive preoccupation with a fixed idea or feeling, often accompanied by symptoms of anxiety.

**paranoia.** A psychosis characterized by delusions of persecution, or delusions of grandeur, which are consistently justified with apparent logic and reasoning.

**phobia.** A persistent fear of an object or situation that is disproportionate to the danger posed by that object or situation. Examples are a fear of heights (acrophobia), of open spaces (agoraphobia), of enclosed spaces (claustrophobia), of blood (hematophobia), of writing (ergasiophobia), of being buried alive (taphephobia).

**psyche.** The soul or spirit.

**psychopath.** A person with a personality disorder, especially one characterized by aggressive, anti-social behavior.

**psychosis.** Any severe mental disorder characterized by deterioration of normal intellect and social functioning and by some degree of withdrawal from reality.

**schizophrenia.** A type of mental illness characterized by disordered thought, attention, perception, movement, emotion, and by some degree of withdrawal from reality.

## REFERENCES FOR WORKSHOP LEADERS AND TEACHERS

### 1. Acceptance of the Handicapped

Bookbinder, Susan R. *Mainstreaming*. Boston, Mass.: Exceptional Parent Press, 1979.

A program for educating children and adults alike about disabilities, with emphasis on the acceptance of differences. Also lists activities and resource aids for implementing the program.

Cohen, Shirley, et al. *Accepting Individual Differences*. Niles, Ill.: Development Learning Materials, 1977.

A kit that includes five booklets and four large picture books. The booklets include basic concepts and student activities to match the picture books.

P.A.T.H. (*Positive Attitudes Toward the Handicapped*). Calgary, Alta.: Regional Resource Service, Alberta Education, 1978.

This kit contains a variety of materials that encourage a more positive attitude toward, and understanding of, handicapped individuals. Included are simulation activities and reference materials.

Ravosa, Carmine C., et al. *Put on a Handicap*. Long Branch, N.J.: Kimbo Educational, 1979.

This record is an aid in preparing a class for mainstreaming. It gives children the opportunity to experience handicapping conditions through simulation and role-playing.

Ward, Michael, et al. *Everybody Counts! A Workshop Manual to Increase Awareness of Handicapped People*. Reston, Va.: Council for Exceptional Children, 1979.

A booklet and corresponding tape designed to help people better understand the struggles, frustrations, and triumphs of the handicapped in today's society.

Weishhahn, Mel W., and Baker, Clifford D. *Better Understanding of Disabled Youth (BUDY), Behavioral Disorders*. Oak Lawn, Ill.: Ideal School Supply, 1980.

A multi-media project designed to promote understanding of children with behavioral disorders. The emphasis is on likenesses instead of differences. Mainstreaming is

facilitated through discussion, games, role-playing, and simulation.

## **2. Parent/Teacher Resources**

Baker, Bruce, et al. *Behavior Problems*. Champaign, Ill.: Research Press, 1978.

A manual of practical approaches to behavior modification. Through specific examples, it indicates how to identify, examine, and modify behavior problems. Also contains practical suggestions on how to implement programs and record results.

Bassin, A., et al. *The Reality Therapy Reader: A Survey of the Work of William Glasser, M.D.* New York, N.Y.: Harper and Row, 1976.

This book covers all aspects of reality therapy and is divided into six sections: Glasser, the Man; Theory; Practice; Education; Corrections; and Role-Playing. The text consists of material gathered from books, magazines, journals, and from Dr. Glasser's original work. It also provides suggestions for those who work with people who are considered beyond the scope of conventional therapy; the poor, the incarcerated, the "crazy", and the unmotivated.

Buckley, Nancy, and Hill, M. Walker. *Modifying Classroom Behavior*. Champaign, Ill.: Research Press, 1977.

A systematic approach to studying a child's behavior relative to his/her environment. Includes how behavior is learned, why it is maintained, how undesirable behavior can be eliminated, means of measuring behavior, and methods for modifying classroom behavior. Each section includes case studies, followed by a question-and-answer section.

DeMyer, Marian K. *Parents and Children in Autism*. Washington, D.C.: W.H. Wilson and Sons, 1979.

A summary of the studies begun in 1961 of 155 families with autistic children. It is unique in its focus on parent reactions to daily problems, marital problems relating to autism in the family, autistic adolescence and adulthood, and the psychosexual development of the autistic.

Gallagher, Jack R. *Changing Behavior: How and Why*. Morristown, N.J.: Silver Burdett Company, 1980.

A book written for teachers who are not recent graduates and may not have had the opportunity to participate in formal training in behavior modification. A good introduction and also suitable for methods courses in elementary, secondary, and special education.

Gallagher, Patricia A. *Teaching Students with Behavior Disorders: Techniques for Classroom Instruction*. Denver, Col.: Love Publishing, 1979.

This text describes an educational-intervention technique that teachers can use with students exhibiting maladaptive behavior patterns and experiencing social and academic failure. The techniques are practical and suitable to the special and regular classroom.

Hayden, Torey L. *One Child*. New York, N.Y.: Avon Books, 1978.

The true story of a severely afflicted BD child and her teacher's struggle to reach her. Abandoned by her mother and living with a neglectful and abusive father, Sheila seems feral, violent, and unreachable. Ms. Hayden tells a marvelous story of human courage, dignity, and spirit.

Jordan, June B., et al. *Disruptive Youth in Schools*. Reston, Va.: Council for Exceptional Children, 1980.

A book based on presentations given at the Council for Exceptional Children's "Invisible College Conference on Education's Responsibility to Disruptive, Alienated and Incarcerated Youth." Covers such matters as juvenile justice, youth as a national resource, education for self-reliance, community and school partnerships, effects of gender, teachers helping teachers, and bilingual and bicultural education.

Kostiuk, N., et al. *Improving Behavior: 100 Applications for the Elementary Classroom*. Morristown, N.J.: Silver Burdett Company, 1978.

This book is written for the busy teacher who wants practical ideas and suggestions quickly, without having to wade through technical terminology. It is arranged in a cookbook format. Each "recipe" is a self-contained unit, and contains "ingredients" for the improvement of behavior and learning in the classroom in three sections: situation, strategy, and rationale.

Krug, David A., et al. *Autistic and Severely Handicapped in the Classroom: Assessment, Behavior Management, and Communication Training*. Portland, Oregon: ASIEP Education, 1980.

Describes in detail the specific procedures and materials that were used, developed, and refined from 1975 to 1979 by the staff of the Portland Regional Autistic Elementary Program. The curriculum components presented in this text include a system for program placement, daily and pre/post evaluations, a discrete trial record form, a scope-and-sequence chart, and sample lesson plans.

Lettick, Amy, et al. *Benhaven's Manual for Handling Severe Aggression and Self-Abuse*. New Haven, Conn.: Benhavon Press, 1980.

The *Manual* is directed toward parents, teachers, and others who are confronted with severely aggressive behavior that must be controlled immediately. Covers policy and guidelines on the use of physical force, contains realistic advice on getting through critical times, and is written in an honest and straight-forward manner.

O'Leary, K.D., and O'Leary, S.G. *Classroom Management*. Elmsford, N.Y.: Pergamon Press, 1977.

An excellent review of the current research on behavior modification in the classroom.

Pepper, Floyd, et al. *Group Discussion with the Emotionally Handicapped*. Arlington, Va.: ERIC Reports, 1980.

A paper that discusses the use of regularly scheduled, classroom group discussions in the treatment of emotionally disturbed children. Specifically, it describes alternate means leading to more positive attitudes and problem-solving skills. Also describes four common types of behavior in learning disabled children and strategies for changing the behavior in question.

Stephens, Thomas W. *Teaching Skills to Children and Behavior Disorders*. Columbus, Ohio: Charles E. Merrill, 1977.

A comprehensive text that provides the reader with a detailed account of skill teaching in terms of changing the educational environment. The author sees academic and social learning problems as deficits that are inherent in the educational system. Extensive references are provided.

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## GETTING THE MOST FROM A VIDEO PRESENTATION

An educational television program can be an effective and stimulating learning resource. Because of its ability to convey information and meaning through scenes and sounds, television is one of the most effective classroom tools at your disposal. In addition, support materials are available for a number of ACCESS NETWORK programs. Many of these materials—which include student teacher guides and manuals, slides, transparencies, filmstrips, posters, etc.—contain suggestions for previewing and post-viewing activities.

Many teachers have found that the effectiveness of video programming can be enhanced in the following ways:

1. Use the **stop** and **pause** buttons frequently to highlight program segments. This will help break the passive viewing habit created in students by commercial TV and focus their attention on your purpose for showing the program(s).
2. Use the **counter** to prepare for the viewing session. Set it to zero at the start of a program. This will help pinpoint the location of segments to be reviewed later. You can then create a **log** by jotting down the counter numbers that correspond to important segments.
3. Be specific about viewing objectives **before** showing the program. Students will be able to focus their attention better if they are aware of what to look for in a videotape. Prepare a list of guideline questions on the blackboard or on photocopied handouts. (Be sure to cover all of the questions in post-viewing activity.)
4. Since educational television programs generally include more material than can be digested in a single viewing, show the program in its entirety once and then, after clarifying vocabulary difficulties and reviewing specific learning objectives, show selected portions a second, even a third, time. Again, the stop and pause buttons can be used to allow students to take notes—or focus attention on a particular item of importance.
5. Television programs consist of **both** audio and video signals, and viewers often need to be stimulated in order to derive maximum information from both. During the second viewing of a program segment, you can stimulate the development of viewing and listening skills by showing the picture but turning off the sound and asking for recall of audio information. Alternatively, leave the sound on but eliminate the picture.
6. Both for viewing comfort and for note-taking convenience, TV should not be viewed in a dark room. However, light can also be a problem, so the television set should be located to avoid window reflection on the screen. To eliminate ceiling-light reflection, tilt the set forward slightly.
7. Ensure that all students have a clear line of sight to the set. If necessary, alter seating arrangements to give every student a satisfactory view of the screen.
8. Adjust the controls of the TV set to ensure good color balance, adequate brightness, and contrast.
9. In some cases, it is useful to have tapes and equipment available for independent viewing by individual students.

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## **NOTES**

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